

010604

15866 U.S.PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Application No.: To be assigned
 Filing Date: Concurrently herewith
 Attorney Docket No.: US20030156
 Inventor Name(s): Paul Scribner
 Title: Top Load Coffee Maker with Front Access Water Reservoir

22387 U.S.PTO
 10/752132

Express Mail Label No. EV 118531700 US

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APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Patent Application data Entry Form <input checked="" type="checkbox"/> Specification comprising (Eighteen) pages, (30) claims. <input checked="" type="checkbox"/> Drawings (Ten) (10) sheets <input checked="" type="checkbox"/> Declaration and Power of Attorney			
ACCOMPANYING APPLICATION PARTS			
<input checked="" type="checkbox"/> Assignment Papers (cover sheet and document(s)) <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS citations <input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other:			
IF A CONTINUING APPLICATION			
<input type="checkbox"/> Non-Provisional or Provisional <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: Filed:			
CORRESPONDENCE ADDRESS			
Name	WHIRLPOOL PATENTS COMPANY – MD 0750		
Address	500 Renaissance Drive Suite 102		
City	St. Joseph	State	Michigan
County	Berrien	Telephone	Zip Code
		269-923-5470	Fax
			269-923-5778

Name	John F. Colligan	Registration No.	Date
Signature		48,240	January 6, 2004

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 1 - 6 - 04


Barbara L. Katowich

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010694**FEE TRANSMITTAL FORM**Total Amount of Payment **\$950.00**

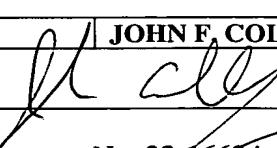
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CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	30	-20	10	x \$18 =	\$180.00
Independent Claims	3	-3	0	x \$86=	0
			TOTAL FEE =		\$950.00

CLAIMS AS AMENDED - PART II

AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
			TOTAL FEE =			\$

AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
			TOTAL FEE =			0

SUBMITTED BY:	
Name	JOHN F. COLLIGAN
Signature	

Charge Deposit Account No. 23-1660 in the amount of **\$950.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account 23-1660.